

Date _____

FULLER SUPPLY COMPANY

1958 TURNER NW
GRAND RAPIDS, MI 49504
"WHOLESALE WATER SYSTEMS"
Phone (616) 364-8455 FAX: (616) 364-4817
MI (800) 292-8768
Website: www.fullersupplycompany.com

BILLING INFORMATION

NAME _____
ADDRESS _____
CITY _____
STATE _____ ZIP _____
PHONE _____
FAX _____
EMAIL ADDRESS _____

SHIPPING INFORMATION

NAME _____
ADDRESS _____
CITY _____
STATE _____ ZIP _____

ADDITIONAL SHIPPING INFORMATION

BILLING PREFERENCE (TO BE SENT) US MAIL FAX EMAIL

YOUR BUSINESS IS:

INDIVIDUAL PARTNERSHIP CORPORATION DIVISION SUBSIDIARY OR PARENT CO.

INDIVIDUALS. PLEASE INCLUDE THE FOLLOWING:

DRIVERS LIC. # _____ SOCIAL SECURITY # _____ FEDERAL / EMPLOYER ID# _____

TAX STATUS

TAXABLE TAX EXEMPT FOR THESE REASONS: RESALE INDUSTRIAL PROCESSING

OTHER: PLEASE EXPLAIN _____

BRIEF DESCRIPTION OF TYPE OF BUSINESS: _____

PRESIDENT: _____ PHONE _____

TREASURER: _____ PHONE _____

ACCOUNTS PAYABLE: _____ PHONE _____

BANK _____ LOCATION _____ PHONE _____

HAVE YOU EVER FILED BANKRUPTCY NO YES

DO YOU HAVE ANY MAJOR OUTSTANDING LIABILITIES NO YES

PLEASE LIST FOUR BUSINESS REFERENCES WITH WHOM YOU HAVE OPEN ACCOUNTS WITH:

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____	PHONE _____ FAX _____

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____	PHONE _____ FAX _____

DO YOU REQUIRE BACK ORDERS: _____ REQUIRE P.O.'S ____ YES ____ NO
 DO YOU ALLOW BACK ORDERS: _____

PLEASE LIST THE PEOPLE WHO ARE AUTHORIZED TO CHARGE AGAINST YOUR ACCOUNT:

NAME _____	TITLE _____
NAME _____	TITLE _____
NAME _____	TITLE _____

TERMS:
 F.O.B. GRAND RAPIDS
 2% 10TH Prox., NET 30 (2% DISCOUNT IF THE CHECK IS RECEIVED BY THE 10TH OF THE MONTH)

FINANCE CHARGE: ACCOUNTS NOT PAID WITHIN 30 DAYS WILL, ON THE BILLING DATE FOLLOWING, BE CHARGED 1.7% EACH MONTH, WHICH IS 20.4% ANNUAL PERCENTAGE RATE. MINIMUM OF \$3.00 PER MONTH.

MERCHANDISE RETURNED FOR CREDIT IS SUBJECT TO A 15% RESTOCKING FEE
 MINIMUM CHARGE \$15.00.
 WE ACCEPT VISA/MASTER CARD AS A CASH SALE (MINIMUM CHARGE \$15.00 - NO DISCOUNT ALLOWED)

In the event the account is turned over to an attorney or other agency for collection, or suit is brought on same, or the same is collected through any judicial proceeding whatsoever, purchaser shall pay service charges, all reasonable collection fees, attorneys' fees and court cost incurred by seller.

SIGN BELOW TO AGREE WITH ALL STATED TERMS.

SIGNATURE _____ DATE _____
 TITLE (OFFICER) _____

SIGNATURE OF THE COMPANY OFFICER IS REQUIRED TO GET CREDIT APPROVED

I HEREBY GIVE MY PERMISSION TO RELEASE ANY CREDIT INFORMATION REQUESTED BY FULLER SUPPLY COMPANY.